1	DATENT ADDI IOAT										Application or Docke: Number				
	PATENT APPLICATE FEE DETERMINATION RECORD /0/50533											332			
		CLAIMS	D - PART	I SMAL			LEN.	TITY		OT	HER THAN				
1			(Colu	(Column 1) (Column 2)			<u> </u>	TYPE			C		LL ENTIT		
	TOTAL CLAII	ИS 						RAT	Ε	FEE		RAT	E FEE		
	FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE			BASIC	FEE GZE		
$\ \cdot \ $	TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10		xs s	9=		0	R XS18	3= 180		
╟	INDEPENDENT CLAIMS			minus 3 =		5		X43	=		0	R X86	= 430		
MULTIPLE DEPENDENT CLAIM PR			PRESENT	ESENT				+145	=		7,	B -290	=		
*.	If the differen	ce in column 1	is less than	ess than zero, enter "0" in column 2			1	TOTA	,,,			<u> </u>	L 1530		
		CLAIMS AS	ED - PART				0444					ER THAN			
_		(Column 1)	(Column 2) (Column 3)				SMAL			OF	SMAL	L ENTITY		
NTA		REMAINING AFTER		PREVIOU	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI: DNAL		RATE			
DME	Total	*	Minus	PAID F	UH	=		XS 9=		EE	OF	X\$18:	FEE		
AMENDMENT	Independent	•	Minus	***		=	-	X43=	-	-	1	\ \			
\mathbb{Z}	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-				.JOR	1			
•		· 		•			L	+145=			OR				
		• • •						ADDIT, FEE			OR ADDIT. FEE				
	·	(Column 1)		(Column		(Column 3)	_								
N N N		CLAIMS REMAINING AFTER		HIGHES NUMBE PREVIOUS	R SLY	PRESENT EXTRA		RATE		NAL		RATE	ADDI- TIONAL		
DMENT	Total	AMENDMENT .	Minus	PAID FO	<u>,H</u>	-		X\$ 9=	FE		OR	X\$18=	FEE_		
AMEN	Inaependent	•	Minus	***		=	-	X43=	 	$\neg \neg$		X86=	-		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 		OR:	7.00=	 		
				•			1	145=			OR	+290=			
										اِل	OR .	TOTAL ADDIT. FEE			
		(Column 1)	•						-						
2		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUS	LÝ	PRESENT EXTRA	R	ATE	ADD			RATE	ADDI- TIONAL		
	inerioren in deservate esta esta esta esta esta esta esta e	"AMENUMENT	ALEGERS DATE AND CONTRACTOR	PAID FOR	CATE LEAD OF	ictor i Americania i i deposici	- NA - NA -	NIESER PRESI	FEE		10.50	COMMISSION CONTROL	FEE		
:	Total	•	Minus	**		=	×	\$ 9=		c	OR	X\$18=			
;	Independent	*	Minus	FMOCNE OF		-	×	43=		c	DR	X86=			
	rinoi PHESEI	NTATION OF MU	LIPUE DEP	ENDENT CL	MIA		1	45=	· ·	7	<u> </u>	+290=			
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										R	TOTAL			
-41	the "Highest Nurr	tber Previously Pai	d For IN THIS	SPACE is less	than :	3. enter "3."	ADDI	T. FEE L				DOM. FEE			
۱۲.	ie, mynesi Numb	er Previously Paid	ror (Total or	independent) is	i the h	ignest number fo	uad in	the app	copriate	DOX en	colur	TIA 1.	- 1		